

POSITION	INITIALS	ID NO.	DATE
SEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>LC</i>	<i>1034</i>	<i>3-14-01</i>
FORMALITY REVIEW	<i>LC</i>	<i>1034</i>	<i>3-14-01</i>
RESPONSE FORMALITY REVIEW	<i>LC</i>	<i>1030</i>	<i>5-15-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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11	✓
12	✓
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14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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